MANY VOICES

WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

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Welcome . . .

To our special "Coping with Kids" issue. I got the notion for this subject from a personal, somewhat embarrassing and (at the time) puzzling experience a few years back:

Since I am primarily a business writer, I interview many high-level executives. At one media event, I saw a tall, silver-haired gentleman who looked vaguely familiar. Suddenly something clicked and I found myself running across the room toward him, where I proceeded to give him an enormous hug.

Both of us were startled, to say the least. He was the chairman of a major telecommunications company who I'd met once a few months previously, when I'd written about his firm. Except for that one-hour meeting, I didn't know him from Adam, and he didn't know *me* any better.

This happened before my diagnosis. . . but now I know that one of my kids just thought he was a neat person and decided to show her enthusiasm. I also (once) hugged my publisher the same way. . . in an editorial meeting. . . while the other editors sat there, open-mouthed. One of my fellow-editors said, "Sorry, Don, but *I* don't *want* to hug you," as he shook the boss's hand.

So far, I've managed to laugh off my children's unexpected mergers and takeovers. (One friend with MPD calls the switching experience "PopTarts".) In preparing this issue, I have learned lots from MANY VOICES' readers about understanding and working with our inner children. I hope you'll enjoy it too! THANKS! —LW.

Many Voices (ISSN1042-2277) is published bi-monthly at Cincinnati, Ohio. Copyright © 1989 by MV Co. All rights reserved. Editor/Publisher, Lynn W. Mailing address for all subscriptions, manuscripts and correspondence is P.O. Box 2639, Cincinnati, OH 45201-2639. Subscriptions in U.S., $30 for one year. Elsewhere, $36. This publication is designed to be an information exchange for MPD and Dissociative Disorders. Neither its editor nor its layperson contributors are engaged in the practice of medicine. Persons with dissociative disorders should consult with competent professionals to approve all treatment strategies.

Child Care — Within and Without

So many people wrote to share their special children's stories, we could have printed three newsletters! It was wonderful, and we want to thank EVERYBODY for sharing your experiences and good ideas! —LW

I live with more than 20 children, most of whom I do not know very well, yet. It is important for me to be able to keep some kind of control because of my career and academic positions.

The primary way I seem to be able to keep the kids from popping out unexpectedly is to schedule special time just for them. For example, recently we had a birthday party for Mandi. Mandi was 3 years old when she integrated with another alter. It was the integration of the two that led to the growth of the "new" Mandi—they decided to keep the name Mandi because the other part that integrated had the same name as two other alters. I enjoyed watching Mandi celebrate her new self with her friends. Mandi's favorite past-time is to play with her bubbles.

At other times I need to talk with ISH to understand what is happening with the kids. If one is feeling neglected, that part tends to try to come out and get my attention. I have come to understand how each part is special and unique, with his/her own needs.

Of course, there are times when I sense that one of the children is about to come out in an inappropriate setting, usually school or work. I can usually tell when this is about to happen because I feel like I am in a tunnel. It as if everything around me is getting smaller and further away. I have found that having a friend at school who knows I am a multiple helps with those times. I can find my friend, just tell her that I am feeling "out of it". There have been times when I have lost time at school. Now I simply try not to panic, and I wait and see what others can tell me about what just happened. Losing time is still extremely scary for me. I have been trying to learn to have faith in what is going on around me, as well as inside me.

By Sheryl and the Gang

Dear Many Voices,

My name is Mandi and I live inside Sheryl. I am 6 years old. I want to tell you that my favorite part about living in a big person is when you spin in circles you can go *super fast*. And I like play with bubbles and I like to play with other kids who live in big people. I don't like therapy too much but sometimes when I get scared I just go to my room.

Love, Mandi

♡ ♡ ♡

It is hard for me to let child personalities out.

Little Marc has never been hurt. He is four and it has always been my job to keep him safe. It is difficult to allow him to get out when he wants. He is very trusting of everyone.

My other child-like personalities have brought much joy to my life during the many long months of therapy.

One of my therapists has had the pleasure of trying to keep the shirt on 6 year old Benjamin, in 90-degree heat, and has had to keep him from using the boy's restroom in a public place.

Both of my therapists use Amy to teach the adults how to laugh and have fun. . . that life is not always serious.

I think that the most confusing part is that when a child-like personality is out I eat less, and sleep more. I find that when Joel Douglas, age 14, is out, my face and body react to being an adolescent once again (but experience it very differently.)

When little Vic is out I get car sick and have to make provisions for it just as my parents did when I was 3.

I also know that I never want to lose touch with the child-like personalities that are within me.

By Marc Jacob, part of The Gang

♡ ♡ ♡

To comfort our children, we have lots of Christmas lights & we get to keep them on. They are the best night light. And when we get really scared we put them all around our bed — a rainbow wall to help us feel safer and cheer up.

We're not so scared of baths anymore, so when we hurt or just want to be slowed down or cozy and little, we have a big mineral bubble bath with our pretty baby bottle with pineapple and coconut juice. Also lots of bath toys and kid music and lullabies.

And when we're OK with nature (some of the S. rituals were out there) we go walking in it and hug and talk to the trees. They have nice spirits. They and other nature spirits helped sustain us all.

We go to the ocean a lot, too. When we can afford it we're going to learn to windsurf.

We love Nature and its spirits, and someday the bad memories that sometimes dampen this special connection won't anymore.

We have friends like us and we trade grownup and kid stuff.

By Eve M.

Dealing with the little ones in our family is complicated. I not only have my own little ones within me, but three of my children are also multiples and, of course, have little ones inside of them.

I deal quite differently with the little ones inside of me than I do with my children's little ones. Because I am a mother, I need to have as much control of my situation as possible. After suffering with this problem for years, my best solution was to get a job where the little ones could come out and be with other "normal" chidren their own ages.

I am an instructional aide at an elementary school for 3 hours a day and work with children ages 5 through 12. This has been a miracle for me because my little ones can pick up the schooling they missed while asleep or hiding as well as learn appropriate behavior, how to have fun, and all the aspects of a normal, growing child.

I have had to make a deal with them that an adult has to stay in charge of the voice and the body and of course, job requirements have to be taken care of. But when the kindergartners are supposed to play, my job is to help them play. When the 6th graders are supposed to be reading a new novel, my job is to help them explore the new novel. I am not expected to have the knowledge of the teacher. My little ones are able to come out and the response from the school children is overwhelming. They think I am understanding and fun to be around (so little do they know!)

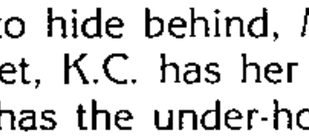
The biggest advantage is that my little ones don't have to play with just themselves in the world they created. They also have the advantage of all they missed in school, including other children growing in different ways with different problems. They are very sympathetic and quick to notice children who are being abused. They are not afraid to work with them.

With my own children, school is a dangerous place for their little ones because they have no adult available to guide them through appropriate actions. The oldest just graduated from high school; the youngest from junior high. When a 6 year old comes out in the middle of a hard-studied-for spelling bee, terribly embarrassing problems are created. Therefore, the best thing I can do for them is to allow their little ones to be out as much as possible at home. This, as a mother, is difficult, because it is disruptive to the home environment, especially when the little ones of one child start fighting with the little ones of another child, and my two younger children ("normal") get caught in the middle. So even at home, certain boundaries have to exist. We let it go as far as possible and then just say, "OK, it's time for the little ones to go in and someone older to come out." Usually they cooperate.

By K.W.

Nanny is writing this for us since none of us kids know how. We want to tell you about our favorite thing during "Show 'n Tell" time. Our favorite thing is a long-haired, black and white, golden-eyed, kitty cat. Nanny got her for us from the Animal Rescue League. Her name is Amanda and she was abused and neglected. We have that in common. When one of us cries, Amanda hops up into our lap and licks the tears off our face. That makes us laugh. We love and take care of our kitty just like we would want to be loved. Sometimes Amanda will accidentally knock something over or on to the floor. Even though she did something bad, that doesn't make her a bad, horrible, rotten, terrible, scummy cat. She helps us learn that about ourselves. She teaches us love and how to play. We aren't ever alone with Amanda living here now. She's also taught us never to leave chicken noodle soup, tuna, or macaroni and cheese where she can get it. Amanda loves us despite everything that we have done and has happened to us. She has taught us a lot and made us happy. Amanda is curled up in our lap taking a cat-nap. She is purring.

By The Kids of Marylou P.



Our special room is really a bubble that our therapist helped us to create. It's so soft, with soft walls and bottom, lots of pillows and cushy things. There is nothing hard or cold in our bubble, and the colors are so comforting too. . . all rose-pink, baby blue and lavender; but if someone has a special blanket or Teddy that is a different color that's OK too. Our bubble has such a sweet smell and each of us can just close our eyes and smell whatever smell makes us feel the best.

Sometimes some of us older kids help Ruth and Elizabeth (inner nurturing adults) by trying to find the kids who might like to join us in our bubble. Sometimes that is hard, because there are so many places to look. Kati has her screen to hide behind, Mark has his closet, K.C. has her cave, Marcie has the under-house, Rage has a cage, Stephani her grave, little sister her cold dark bathroom, and Tony has his tall tree. There are lots more places to get people, like corners and boxes, but some of us just have ordinary rooms or clubhouses.

There isn't anything allowed inside our bubble that will hurt, and anybody who is thinking about causing trouble has to stay out or contract to behave. That way it stays safe, which is very important to us. The only outsider who is allowed in is our therapist. He made the walls so strong that nothing bad or unsafe can penetrate them. That feels safe too. He often calls us together himself at night to help everyone calm down from the day and to help everyone, especially Karen, to sleep.

With Ruth, Elizabeth, our therapist and our bubble, we don't feel so afraid or alone. It's so soft and warm and safe. We never had a place like that before.

By The Insiders

__Note to clients:__ As you have no doubt experienced, those of us with MPD or dissociative disorders have an assortment of child parts or personalities with diverse natures. Helen Watkins, who with her husband Dr. John Watkins, developed Ego State Theory and Therapy, describes for us the treatment of malevolent alters in MPD . . . or how to work with our troubled "kids". —LW

Therapists' Page

By Helen H. Watkins, M.A.

Clinical Psychologist, Counseling Center, University of Montana. Charter Member, International Society for the Study of Multiple Personality and Dissociation. Fellow, Society for Clinical and Experimental Hypnosis.

Are you worried, afraid, tormented by a malevolent entity inside of you? Have you pleaded with it to be merciful, hoped it would be eliminated by your therapist, or by magic would disappear into thin air? If that is true of you, and you are suffering from MPD, then you are not alone.

Malevolent alters are difficult to treat by the therapist, and even more difficult to endure by the patient. They may mutilate the patient, or attack others verbally and/or physically, including the therapist. Thus they can be dangerous. What to do?

Let's look at their origin. MPD is an initially adaptive defense that has gone astray. Through the experience of trauma (usually overwhelming physical abuse), the child walls off the emotion and memory of the event so that it no longer suffers from the trauma consciously. This walling off can form into an entity, known as an alter, which contains the experience but which is usually unknown to the host personality. That entity begins to have a life of its own, surfacing at times without the knowledge of the host personality. The host personality simply loses "time". If fear was split off in the child experience, then that alter is fearful, helpless, terrorized, within the adult. It is encased in that fear. Time has stood still, and it is waiting for the abuser to strike at any moment. It knows nothing of adult time and place. If anger is split off, then the entity is hating, revengeful, terrorizing. Both splits can occur during the same trauma, and subsequent traumas can add to their volume and intensity.

It is worthwhile to note that fear and anger are the two survival emotions of all mammals. They are physiologically connected and are known as the fight-or-flight reaction. When the mammal is threatened, it survives by either attacking or by fleeing. Animals flee physically and they are free. Human beings can flee psychologically through dissociation, but within themselves they contain both the fear and the anger, and they are *not* free. These emotions, because of their physiological base, have powerful energy, even if dissociated. However, realize that your feeling of anger is normal and inevitable, and not the consequence of a "bad" personality. It is only the destructive expression of anger that is malevolent.

When the small child is confronted with overwhelming abuse and not permitted to protest or express anger without severe retaliation, the coping mechanisms of the personality have three choices: psychosis, death, or dissociation. Of the three, the latter seems to me to be a higher order of brain processing; but it lays the foundation for forming an unconscious, destructive, malevolent alter divorced from the normal controls of the conscience.

The key to the therapeutic handling of a malevolent alter is to remember that this destructive state was originally created by the child so that it could survive, physically and/or psychologically. Since it came into existence to protect the survival of the child, its greatest fear (and hence source of resistance) lies in the conviction that you or the therapist are out to eliminate it, to destroy its evidence. Through transference, the therapist is viewed as an abuser. No wonder therapists who do seek its destruction (including religious exorcists) will be strenuously resisted.

Another source of resistance is the threat of "fusion" by the therapist, implying non-existence. Every person has a need for survival; so do alters, who are part-persons. The word "integration" is much less threatening and implies togetherness instead of oneness. Fusion of some alters may take place if separateness is no longer necessary but only at the discretion of the internal system.

The first rule for the therapist is never to make an enemy of the malevolent personality, or any of the others. Building relationship, communication, understanding and trust with each of the alters as much as possible is very important. Attempts to eliminate a destructive personality by suggestion often result in the appearance of an even more malevolent entity, loaded with the same unresolved rage plus additional anger and distrust at the therapist's attempt to eliminate it. When an aggressive "Maralou" and a mild, affectionate "Lynne" personality were fused by suggestive hypnosis, each disappeared. However, two weeks later another M-L split appeared as

(continued on page 5)

(Therapist's Page *cont'd*)

"Medusa" and "Love". The differing characters of these personalities were well represented by the names they gave themselves. That maneuver by the therapist was definitely nontherapeutic.

I convey my belief to the angry alter that it came originally to protect the child, and give it praise and recognition for this accomplishment. It is important to discover and satisfy the needs of each personality and to show how those needs can still be met while changing its internal behavior toward the patient. It is useful to encourage it to initiate cooperative integration with other states rather than retreat into pathological dissociation and isolation. By helping the malevolent alter to meet its own needs, the destructiveness toward the main personality is lessened.

A patient of mine had a tough underlying personality called "Ramblin' Rose." Ramblin' Rose had been a barmaid and bouncer in a small western town and deeply resented the patient getting a college education, declaring, "She doesn't belong here!" When confronted with her early appearance to rescue the patient, Ramblin' Rose replied, "Of course, I had to save her. She couldn't save herself!" I replied, "Then if you came to save her, you must love her." The interpretation undermined her defensive structure, and her tough-guy role sputtered and refused to talk to me any more during that session. The following session the patient complained that Ramblin' Rose didn't appear after a couple of drinks at a bar. "She always comes out after two drinks, and we have a good time; but I just sat there bawling like a baby!" I hypnotized her and asked Ramblin' Rose for an explanation. She replied, "Aw, don't worry, I was watching. If she had been in trouble, I would have come out. I just decided she has to learn to be responsible for her own behavior. " In fact, the patient did stop drinking; and she did become more responsible.

Sometimes the malevolent alter will inflict pain on the primary personality because, "If I don't hurt her, the world will hurt her more." Such a belief can stem from a punitive parent whose discipline was more sadistic than corrective. Such an alter represents the introjection of the abuser. The internal abuser continues the punishment in adulthood that was suffered by the patient during childhood by an external abuser. However, paradoxically the behavior is still meant as a protection.

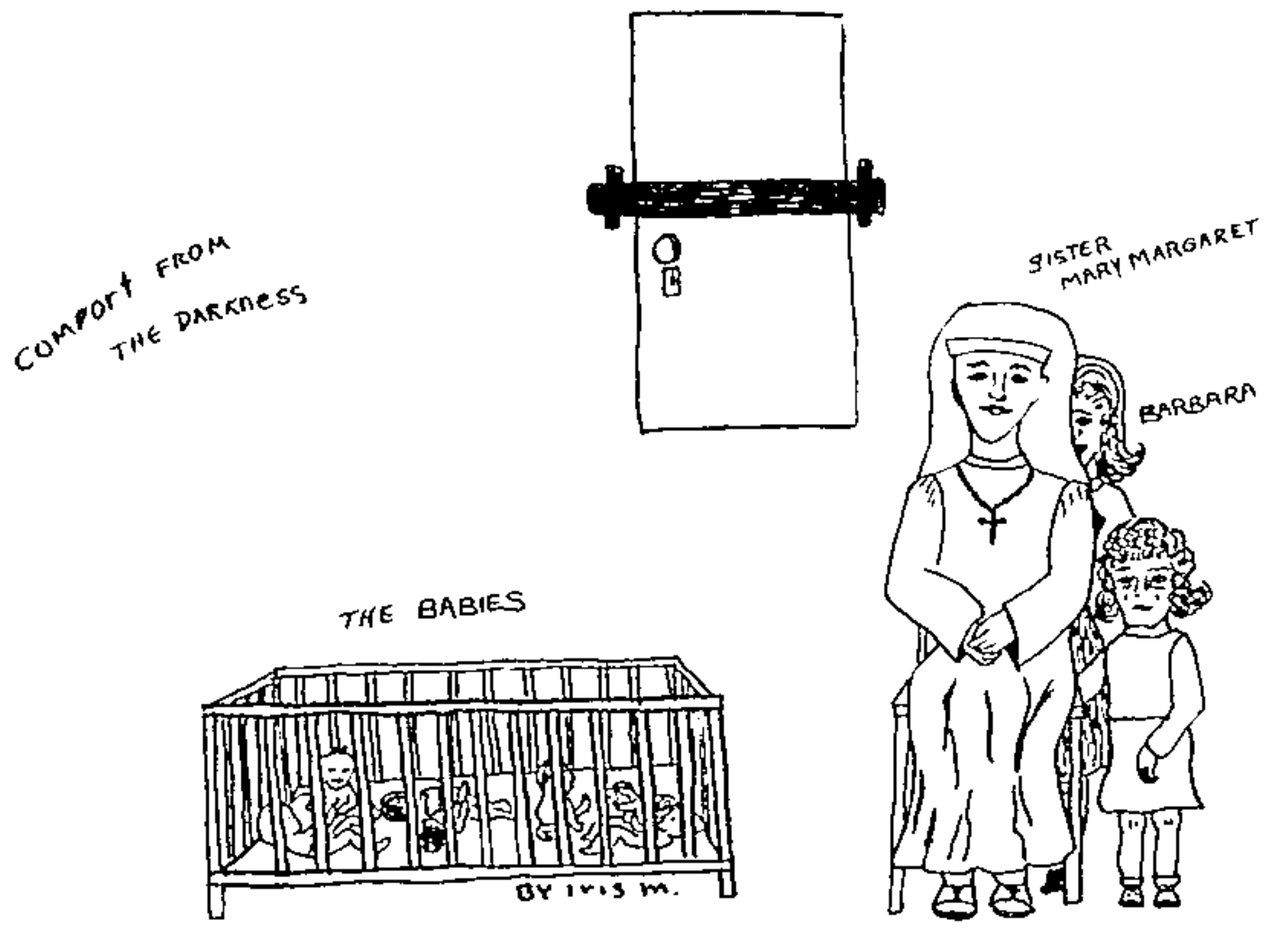
My goal is not the elimination of the malevolent personality, but the controlled release of its anger and its integration back into the personality as a functional, constructive, self-assertive state. Abreactions (reliving of the original trauma) are important procedures for accomplishing this goal. However, simply activating the angry state and having it directly release its anger is not enough.

Originally the anger was created in the main personality by the abuse heaped upon it, with which it could not cope. Accordingly, it repressed that anger and pain into a dissociated secondary state that was created for that purpose. Once having accomplished this maneuver, the main personality became free of the pain and anger. For best results the dissociative process should be reversed. The malevolent state must be induced to release its anger through the internal boundary back into the primary personality, and the primary one must be induced to accept it, and through an abreaction, release it outward in the therapist's office or hospital setting. In reliving the trauma, the patient, now with adult energy and the support of a strong constructive therapist, can hopefully face the abuser of the past and direct the anger toward that original target. It is a way for patients to get their power back, and to release the repressed and encapsulated anger.

The problem with the malevolent personality is that it regards the rage as its life blood. "I have to hurt you. If I didn't, I wouldn't exist." The crucial therapeutic task is to convince the alter that it can exist as part of the personality with its protective need intact but with internal behavior that is no longer malevolent.

If possible, it is most beneficial to convert the malevolent alter into a co-therapist. In that way it can assert its strength and power in a constructive, ego-enhancing way.

So think of your present malevolent state as having truly beneficial potential! MV



If Only We Believe

By Aci

If only we believe in Unicorns...
All our dreams will come true

If only we believe in Butterflies...
God's love will see us through

If only we believe in Daisies...
Innocence will we find

If only we believe in Miracles...
The light will always shine

If only we believe in Starlight...
The darkness will be broken

If only we believe in Angels...
Each day a door will open

If only we believe in Fairytales...
Each risk will be worth a try

If only we believe in Love...
Life's hope will never die

Momentary Wholeness

By Christine (an insider for Karen)

I lift my face, eyes closed;
and feel the breeze chill my ears.
It feels so good to feel what is
real,
and for a moment I savor it.

I cherish the little things,
in an attempt to disown the truth:
that every moment comes so
suddenly,
and that all time can disappear
without warning.

I view my world through opaque
glass,
a protective shield, a prison door;
so fearful of obtaining the life I
desire,
I satisfy myself in momentary
wholeness.

Our Home Within

By Roberta

Within a world of trauma we've found an environment of love and peace. Nestled on the first layer of a multi-layered system is a house filled with adults and children. The rambling structure has space for all, with special rooms to be alone in, or have friends visit, decorated as we desire.

I'm Roberta, 14 years old and found in the midst of two adults and three children. Rhonda's my best friend on the inside. She's 19 and very compassionate. She's never been hurt but knows just how to comfort and love us who have been traumatized. Rhonda has been with us for a long time.

The most recent member of our menagerie is Suzanne. She moved up to join us from way down on the third layer. She's extremely quiet and just beginning to feel comfortable in our presence. I sense that she's been alone and misplaced for a long time.

Surrounding us are three delightful, although reticent, children. Their young lives have been filled with horror and disgust, so they need to be coddled and loved both from the inside and outside.

Little Kathy is 4, Susie is 9, and Robert is 10. They each excel in their own special ways. Little Kathy loves angels and feels they watch over her night and day. Susie is a connoisseur of rainbows, although she's only seen one true rainbow on the outside. Robert, who's an extremely deprived anorexic, has discovered the world of bears.

There are more children in our system, although they have been thus far unable to communicate with us and vice-versa. They have yet to realize the joy and comfort found in our abode, although they have been down to our peaceful hideaway. This is found deep inside Kathy's trance state. We drop down between the canyon walls on clouds of multi-colored parachutes. The warm green grass tickles our feet as we land next to the Toby Tree. Toby's our very best friend on the outside, who knows and understands us completely. She's under the tree that stands next to the stream running through our haven. We're so glad that she's able to be with us, reading a favorite story. We always retreat to our Toby Tree when we feel scared or know that a frightening time is arriving. We're joined by all who need to be removed from the intense feelings that sometimes come into our lives.

This comprises the children's environment of our inside world. There are many more people and feelings found throughout the system, but we are surrounded with those we feel safe with, and protected from those we don't. In this way our lives are made as safe and comfortable as possible.

As we grow and mature I know there will be changes. But I feel safe knowing that I've found love and acceptance that will never change.

MV

Recovering

By Rita M.

Q: What is a "true" multiple?

A: I cringe when I hear people (therapists, clients, or lay-people) use the term *"true" multiple.* What does that mean? If it means "SALS—She Ain't Like Sybil", or "SALE—She Ain't Like Eve" (to quote the eminent Dr. Kluft,) then one could (and would) quite easily overlook or misdiagnose the majority of MPD patients. Again, to quote Dr. Kluft, only 3% to 4% of the MPD population flagrantly presents the symptoms of their MPD. The rest (if they're even aware of being MPD) work very hard to hide it.

It is true that some multiples are more "split" or separate than others. I am not convinced that MPD's who experience less "splitting" have a milder or less extreme form of dissociation. Each individual with MPD developed his or her own way of coping with the abuse, but the ability to dissociate was the base from which the MPD system was manifested. I prefer to look at MPD's more from a perspective of functional vs. dysfunctional, and that can be influenced by many factors.

In general (and I must state here that this is not necessarily TRUTH. . .there are always exceptions and this is just my observation!!) I believe that MPD lies on a continuum. The more severe and violent the abuse, the more perpetrators who are involved, the more separate and complex the system of alters will be, and the system will be more dysfunctional. Other factors which I feel influence the number of alters and the functionality of the system are 1) the personality or temperament of the family the MPD individual is born into and 2) the innate strength or weakness of each individual.

Regarding the first factor. . . some families are so chaotic and violent that any sort of normal development may be impossible for a child. In this type of situation (seen perhaps most often in families where ritual abuse occurs intergenerationally,) what is considered "normal" is so bizarre that the child never learns what I refer to as basic social and human skills. Other families might be abusive, violent, chaotic, but have, at least on the surface, a more normal appearance. Such families may be in the mainstream of the community, follow accepted social patterns and teach these patterns to their children, while abusing them behind closed doors. Another possibility is that, despite the abuse, a parent may have demonstrated positive feelings for the child, or there may have been another family member (or significant other—teacher, neighbor) who was available to provide positive nurturing to that child, and serve as a "normal" role model.

Perhaps this factor is more important to me because I see it at work in my own family. I have two older siblings, both of whom were abused, but neither were abused as severely or as long as I was. However, neither of them are "well". Both are MPD. One was in therapy briefly and now considers herself "fine" (she had a flight into health.) The other has been into trouble consistently since junior high, is chemically dependent and lives on the fringe of what I consider "normal" society. We all came from the same family, we had similar experiences, but the outcomes for each of us are different. Why? I can only guess, but I believe that the inner strength (or lack thereof) has a great deal to do with whether or not an individual will be able to recognize their problem and get help for it, and then stay committed to the process of recovery. MV

Rita M. is a Licensed Independent Social Worker and Certified Alcoholism Counselor (LISW,CAC), and is also a recovering MPD client. She functions at a very high level (after much therapy) and is "integrated". MANY VOICES is pleased to have her help us provide the special viewpoint of a recovering, knowledgeable, MPD client/therapist. Readers may send questions to Rita, C/O MANY VOICES. We'll use as many as possible. —LW

They're Ba-ack!

For a few weeks my 13-year-old son and his friends occasionally would say, "They're ba-ack," a phrase they picked up from the movie "Poltergeist".

One day two of my alters, Rick (15) and Jack (8) were taking turns clowning around with the kids when the son and his friends started laughing and saying "They're ba-ack." Finally, we caught on.

The kids were saying that as a "secret code" to one another when they realized that a switch had occurred. It's caught on now in the family and it's helped me to become more aware of the parts of me in a humorous way.

By Crystalyn

Love Those Kids!

When I'm really tired or feeling stressed, that's when my little child comes out. Sometimes he's 3 or he can be as old as 6. In many ways he's a more effective person than the "adult" me's. I call him Tom, because at around age 5 my family started calling me Tom.

I like Tom because he is a fiesty little guy and speaks his mind. Tom is cautious around people, but will stick like glue if you're nice to him. He is sometimes mischievious, but is careful to control that at work. Tom does not like being told what to do or how to do it. Since my brothers and I never spoke nor acted like little kids when we were children, you have to know me very well adn be looking for a change to really see the shift from Todd to Tom. My co-workers do notice that at times I refuse to do what I'm told. They say I "whine". I don't think I do but can become quite stubborn and unpleasant, especially if I feel I am being treated unfairly.

Where I work allows for a variety of moods. I am a mental health counselor who works with a seemingly-increasing number of abuse victims and MPDs. If my patients bring up material that is close to mine, Tom may appear. Then Todd talks to him, reassuring Tom that we are in the present, not "back then."

If I have been silly, I can say "The clients need to see that play is healthy." Tom tends to be playful with clients because he views them as peers. When Tom shows up, clients don't feel intimidated and seem to respond better to therapy.

There was a time when I could not seem to leave Tom at home and he was beginning to interfere with work. My co-workers chalked up my aberrant behavior to stress and suggested a vacation. Tom jumped at that — he's a playground kind of guy. Not at all work-oriented.

I have been in therapy almost a year. I am able to more clearly see the different me's. I understand about lost time and am much more adept at covering the antics of Tom. I am slowly becoming aware of why I have to be alone at this time of rapidly shifting persona. All the same Tom misses being taken care of sometimes, and Todd misses the adult fun of friends and family.

By Todd B.

If a child part of us comes out at work, I run to the vending machine and buy an A&W root beer. That usually pacifies the children until I can get some time alone so they can express themselves.

I have about a five minute warning that a personality is emerging. I get a tight feeling in my chest, my thinking becomes confused, and I begin to feel overwhelmed. I'm able to coexist with the emerging personality so that I can offer comfort, reassurance, and maintain a small amount of control. I keep crayons and markers stashed in my desk for when this happens. I open a drawer and let them draw or write as long as it takes for them to express their feelings. Then we compromise, if they're ready. If not, I try to take a walk outside so we can talk it out. The compromise is that if the child part(s) goes back to their room in our safe house (inside us,) they can come out again as soon as I'm off work and I'll take them for an ice cream cone, to a Disney movie,or home to play with their stuffed animals, to ride their bike, etc. That usually works. If not, the bathroom (which makes an excellent conference room) is only a few steps away and I stay there until a compromise is worked out.

My therapist has told them that they're welcome to come to watch me while I work, and sometimes they do, but usually they're really bored and only come out at work when they're feeling overwhelmed by memories or flashbacks, and need some comfort. At times I have smuggled in one of their stuffed animals so it'll be there when they need it, but I always have to make sure to smuggle it back home each night so they can sleep.

By J.Q.

♡ ♡ ♡

We have had an especially difficult time controlling one of the abused children, Little Toni. She is the nightwalker, which is dangerous because of the neigborhood we live in. In fact we were last hospitalized because of her — she was wandering around with razor blades in her pocket. These have been used as suicide tools in the past.

Anyway, we got out of the hospital (awful place!) and moved into a great crisis home. Our roommate there (a multiple herself) gave L.T. a beautiful stuffed bear named Cream Puff. This was her first stuffed animal! The roommate was a lifesaver. Two years later, L.T. is much calmer because of her furry friend, and Cream Puff still travels *everywhere* with us. Sometimes it's embarrassing, like when I spend the night at a friend's, but a lot less than L.T. wandering about!

I guess the most important thing was remembering that everyone, sharing a body or not, needs certain things. And nobody needs to be judged. Little kids who get what they ask for, whether that be toys or affection or just a little time out to play, tend to be a lot more content to leave my time for me!

By Melody for all

I usually get a headache when any of my alternates wants to be out. But the chidren are a little different.

Depending on which child it is, different things happen. I can usually tell when I start to dissociate. I stare, and get "glassy eyed". Sometimes my breathing changes; sometimes my vision gets blurry, or as if my eyes are crossing. With the children I usually know they're coming (which is not always the case with some of the older alternates, especially my ISH).

If Rosalie is coming, it feels great. She is a precious little girl who lives in Pretend. There are no bad people there. No one hurts Rosalie; she has no father. And best of all, she has a mother who loves her and cares for her!

When Rosalie comes out, I start to relax. (I take off my glasses, because she doesn't need them.) The tension in my face eases, her eyes light up. Usually, Rosalie is interested in something funny or nice that she sees. I like to let her out. But she knows she can't come out when I'm driving or at work.

Often, my ISH will monitor the door in my head. She's pretty good at not letting anyone slip out when they aren't supposed to. But once in awhile they slip by her, too.

Now that I am a parent (and, thank God, in therapy and changing family patterns) I comfort my "children" alternates in ways similar to how I comfort my offspring.

I talk to them lovingly. I *listen* to them! I don't deny what they are feeling, or what they tell me. If we can't talk then, I promise a time we can; and I follow through.

I curl up in a soft, warm blanket, so they'll feel safe. I leave the bedroom door open, the window shades up, and the lights on.

I let her hold and hug a teddy bear when she's afraid. I tell her it's different now, and we live in a whole different house with different people. The daddy in this house (my husband) does not hurt or abuse children, or anyone else. He is kind and loving and protects children.

I read to my child alternates. A particularly helpful book I've read lately is "I Can't Talk About It. A Child's Book About Sexual Abuse." It discusses feelings and is very good.

My ISH is really good about not letting the children feel abandoned. She keeps watch over them, so they don't feel alone or too frightened anymore. She reassures them that we do live differently now. We are in therapy, and our therapist helps us.
My ISH also reminds them that, now that she's told what she knew (what she remembered and I didn't) that the abuse is not going to happen anymore.

One of my child alternates loves flowers. I let her smell them often. We walk in the gardens at the park.

I let them "make" their own mother's day cards. (We didn't send them, but they got their feelings out and I took them seriously.)

By Ellie Lane
for LS and The Gang

♡ ♡ ♡

Before I was diagnosed MPD I just accepted the weird things that always seemed to be happening to me. If I put something down in front of me and reached for it a moment later only to find it missing, I just figured I had a lapse of memory. Thinking back now, I wonder why I never questioned the frequency of those memory lapses.

Now that I know about the family inside of me I can smile at some of the adjustments we have had to make along the way. When we first began to try to communicate it seemed as if there was a power struggle going on. This tended to carry over to my work site. Each one of my alters seemed to want to come out and explore. Michael apparently was fascinated by the computer that I worked on and managed to bring up the program in Spanish. I spent two hours on the phone to the head office undoing the damage so I could complete my work.

Sadie didn't like work and often threw out the papers I was working on. Maling only went to work to flirt, Sally got scared there, and Jinger and Peggy preferred to play and act silly instead of anything serious. I talk as if this is all in the past, but it still goes on. Since I can't, yet, control when the "kids" will pop out, I've learned how to excuse their behavior. If Maling has been out flirting I just tell people I've got a touch of Spring Fever. If Sally starts to get scared I say I didn't get enough sleep the night before and excuse myself to go to the restroom so I can talk her down and calm her. And so on.

Sometimes it gets hectic when the whole group wants out. Sometimes I don't know they've been out until one of my coworkers clues me in. A lot of the time I wish I could just stand up and announce to the whole office what is really happening, but that would only scare them.

When I get home, Michael cooks, Sadie primps, Maling pouts, Jinger and Peggy make silly jokes and Sally naps. As for me, I crumple into an exhausted heap. I can say one thing, now, that I'd never say before. . .I've developed a new-found respect for nursery school attendants!

By Wendy

♡ ♡ ♡

To comfort my children, I hold them close to my heart. I listen to their needs and feelings. I offer alternatives in 1989 to their dreams of re-living their childhood.

I, too, am saddened, because of course, I *am* my children grown up, and I have suffered the same loss.

I can see inside of myself a burning white light. We have molded — I molded for the children — a mother figure in a large rocking chair, big enough to rock even the "grown-ups". When someone inside hurts, she can go to our mother, our self-love place, and be nurtured.

By Jamie C.

♡ ♡ ♡

A Therapist's Story

By Donald Price, Ph.D., Salt Lake City, Utah

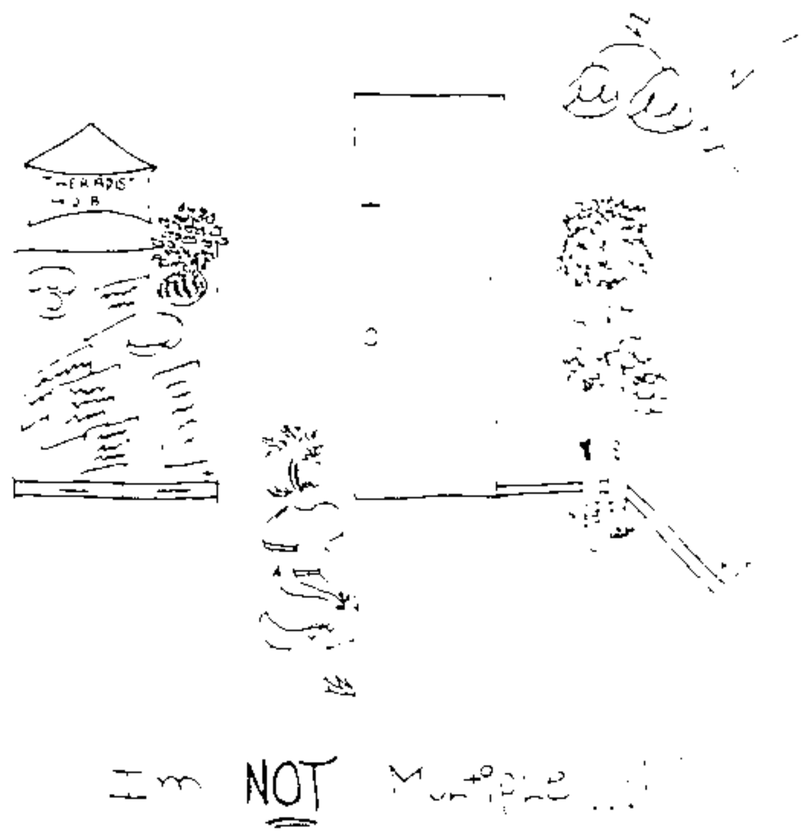
I'd like to share the following technique that one of my patients led me to discover. Others might find it useful in their therapy.

One day we were audio-taping a relaxing hypnotic story so that she could replay it as needed to reduce panic. As I began to tell the story, one of her young personalities — about 4 or 5 years old — spontaneously came out and began to interact with me and ask questions as children sometimes like to do. My first reaction was in the nature of "please don't interrupt me since we are recording this!" She was not to be put off, and I quickly realized that her interaction was helpful to me to create a story tailor-made for her as her own fears and concerns emerged. The patient played the tape frequently, particularly at night to help her sleep and reduce night terrors and nightmares — a time when much memory surfaced. The little personality enjoyed hearing her own voice, and the tape enabled the patient to relax and go to sleep at night more easily.

Therapists always need to adapt stories to fit the patient, but inviting the patient to shift to a young alter and participate seems to be helpful in creating a metaphor or story that serves as a "transitional object", providing the patient with a sense of safety, support and being cared for, while facilitating a "curative fantasy". Besides this, each story can be selected and/or tailor-made to deal with issues specific to the personality or patient. The host then takes the responsibility of playing the tapes to help her little parts, thereby providing internal mothering.

After the first tape proved so helpful, several more story/tapes were made with and for my patients to provide variety and to address a number of different problems. Often the patients select stories for us to record. As time goes on in the treatment, I am periodically asked to remake or add tapes because the personalities have changed (integrated), or people, places or issues mentioned in the tapes are no longer relevant, or the tapes are worn out. Patients feel that these tapes provide a stabilizing force that often helps them to cope with panic attacks and other anxieties that are part of the therapy process. MV

"... BRUCE-ELLA LEE .... 14½ ... VERY PHYSICALLY STRONG ... LIKES WHITE LOOSE CLOTHES; BLACK ACCESSORIES .... YES .... DEALS EFFECTIVELY WITH ANGER ... GOOD .... DOESN'T TALK TOO MUCH .... OK .... ANYTHING ELSE I SHOULD KNOW ? ...."



MAXIMUM

OCCUPANCY

200

~~PEOPLE~~

BODIES

By Bonnie B.

Books

Books

Victims No Longer:
Men Recovering from Incest and Other Sexual Child Abuse
©1988 by Mike Lew. 393 pgs.
Published by Nevraumont Publishing Co., 16 East 23rd St., New York.
$19.95 hardback.

When I ran across this book late last year, I picked up two copies, one for a male friend and one as a resource in working with male survivors who call the rape crisis hotline for which I am a counselor.

This excellent book does speak to male survivors; the author describes it as a "handbook of recovery". This is not a scholarly tome filled with theories and statistics. Space is not filled with "proof" that child sexual abuse is an all-too-common occurrence, or that boys are among those victimized. These are givens.

A high-level outline of the book is as follows:

- About Abuse
- About Men
- About the Effects
- About Recovery
- Other People
- Other Issues
- Other Resources

Special emphasis is given to the themes of *trust, isolation, shame,* and *intimacy*.

I found that this book has helped me to gain added insight into the special issues of male survivors, as I had anticipated. Traditionally, male survivors have had fewer resources available to them then their female counterparts, making this book especially valuable. The Resource list at the end of the book is of great value. (Please note, however, that *Speaking for Ourselves- S40S*, an organization for multiples, is no longer active.)

As a female survivor, in therapy for MPD, I feel that this book has much of value for me. I also found, as pointed out by Ellen Bass in the introduction, that there are more similarities than differences in the process of healing — male or female.

I could say much more, but I strongly recommend that you read this book for yourself. — Lynda

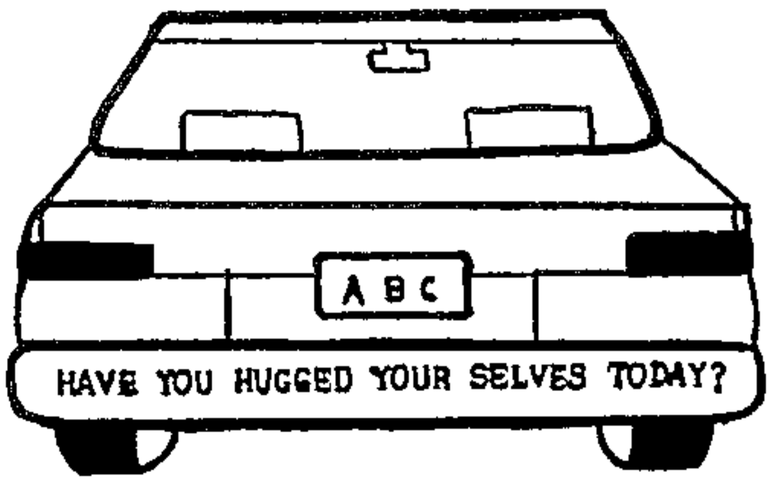
Suffer the Child:
©1989 by Judith Spencer. 381 pgs.
Published by Pocket Books, a division of Simon & Schuster, Inc. , New York.
$4.95 paperback.

This book concerns the life and therapy of "Jenny", who was initiated into a Satanic Cult at age 2. As a result of abuse by her mother, the cult, and numerous family members over a period of years, Jenny was to develp over 400 personalities.

You've heard the story before — misdiagnosis, numerous hospitalizations, abuse by both the mental health profession and organized religion, followed by the eventual encounter with mental health professionals who were open to the diagnosis, willing to search for answers, flexible and extremely giving people — but you haven't heard it in this way.

First of all, there have been few descriptions of satanic ritual abuse with the outcome of MPD, and secondly, the subject is presented in a matter-of-fact, non-hysterical manner. A well-rounded approach tells us not only the story of Jenny's quest for health, but we are privy to the parallel quest by her husband-and-wife therapist team.

For us, this book came at a time when were are just beginning to deal with, (and try to accept) memories of our abuse at the hands of a satanic cult during the 1950s. It also makes us appreciate, more than ever, finding the "right" therapist on the third try. — Lynda



Coming up!

December 1989

What meditative or relaxation methods work best for you? How often do you use them? ART: Draw what you see when you meditate. DEADLINE for submissions: October 1, 1989.

February 1990

Alternatives/adjuncts to individual psychotherapy· Support groups, bodywork, holistic methods, personal study, self-hypnosis etc. When and how you've selected "what feels right" for you. Also, negotiating therapy payment options. ART: Draw who/what helps in healing. DEADLINE for submissions: December 1, 1989.

April 1990

The Twilight Zone: Working with dreams and "experiences". Dealing with nightmares. "Lucid" dreaming. Dreams as memory precursors. ART: Draw a dream image that helped you. DEADLINE for submissions: Feb. 1, 1990.

June 1990

Accepting diagnosis and developing co consciousness Videotaping? Journals? What helped you know or trust your self/ selves? ART. Making peace with your parts. DEADLINE for submissions: April 1, 1990.

Horton holding Whoville Mouse and Mr Frog. Me and my "safe place" quilt Summer

This picture was drawn by Summer, an 8 year old part of myself. It shows her and a few of her favorite things. Mr. Frog and Mouse are actual stuffed toys, so their comfort is mostly physical. . . something to hold and to hug. The "safe place" quilt and Horton, on the other hand, are held *within* us, so their comfort is by means of an image, a feeling or a memory of comfort and hope. Since these means of comfort exist within us, they are always available and always with us, no matter where we might be.

"Horton" came from a character created by Dr. Seuss in a book entitled *Horton Hears a Who!* (published by Random House, NY) that my therapist read to me.

Horton Hears a Who! communicates the importance of *all* the parts of a community. . . or multiple! It stresses that even the smallest of parts need to be heard and *can* be heard, by the other parts and/or the therapist, if they simply remember to shout it out.

By Susan P.

August 1990

Limit-setting and boundaries in therapy. Input from clients and therapists on appropriate phone calls, touching, questions, social interaction. ART. Draw the part of you that knows the difference between safety and danger DEADLINE for submissions: June 1, 1990.

October 1990

Grief. Accepting loss in order to heal. How to "work through" grief. ART: Draw your path through grief. DEADLINE for submissions: August 1, 1990.

December 1990

Relationships with "outsiders": children, friends, spouses, significant others. Who do you tell about your diagnosis? When and how much do you tell? Dealing with negative response. ART: Draw you and your friends/family. DEADLINE for submissions: October 1, 1990.

Share with us!

Prose, poetry, and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed, stamped envelope for return of your originals and a note giving us permission to publish and/or edit or excerpt your work.

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